

**Begin Date: August 1998**

**Revised Date: June 2010**

**Review Date: June 2010**

## **Timely Submission of Claims and Documentation**

Claims for Every Woman Matters (EWM) services provided during a previous Fiscal Year (FY ends June 30) must be submitted to Every Woman Matters with insurance EOB from primary by December 31 of the same calendar year.

### **EXAMPLE:**

Claim for services received by EWM on January 5, 2011 for services provided on June 10, 2010, it is not payable due to timely filing; the healthcare provider cannot bill the client if the claim was for a service covered by the program.

Documentation for clinical services as required by program policies must be received by December 31 to allow for payment. Any claim denied after December 31, for services provided in the prior fiscal year, due to missing documentation may not be billed to the client.

### **EXAMPLE:**

A claim unpaid in January for prior fiscal year due to missing documentation will be purged from the EWM system and returned to provider as non-payable. The charge for a claim denied due to missing documentation may not be billed to the client.

### **APPEALS:**

A written appeal for services denied for timely filing can be submitted to the program up to 1 year from the service date. All appeals for timely filing must include the required clinical documentation (ie mammogram report, screening visit card, etc.) for the services provided; and an explanation as to why the claim was not filed within the time period specified above.